



October 31, 2019

Web Announcement 2012

**Attention Provider Type 12 (Hospital, Outpatient):**

**Respiratory Therapy Codes**

Effective with claims with dates of service on or after October 28, 2019, the following respiratory therapy (RT) Current Procedural Terminology (CPT) codes do not require prior authorization when billed by provider type 12 (Hospital, Outpatient):

CPT Code	Procedure Code Description
94640	Pressurized or nonpressurized inhalation treatment for acute airway obstruction for therapeutic purposes and/or diagnostic purposes
94642	Aerosol inhalation of pentamidine for pneumocystis carinii pneumonia treatment of prophylaxis
94660	Continuous positive airway pressure ventilation (CPAP), initiation and management
94662	Continuous negative pressure ventilation (CNP), initiation and management
94667	Manipulation chest wall, such as cupping, percussing and vibration to facilitate lung function; initial demonstration and/or evaluation
94668	Manipulation chest wall, such as cupping, percussing and vibration to facilitate lung function; subsequent demonstration and/or evaluation